

Name  
in  
Full

Infant Child of Philip Bowman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Accident Town Town County Gorrell  
Date of death 1907 Month Aug Day 21 Age — Years — Months — Days 4 hours  
Sex Female Color or Race white Birth-place Accident and  
Occupation  Where Residing if not at place of death   
Married, Single or Widowed  Name of Wife or Husband   
Father's Name Philip Bowman Father's Birthplace MD  
Mother's Maiden Name Emma Bughly Mother's Birthplace Accident MD  
Name of person giving Information Philip Bowman How related to deceased Father

CAUSES OF DEATH

151

Primary

Premature Birth

How long 10 weeks

Immediate

Premature Birth

How long 10 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H.P. Bayer MD

Accident and

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Margaret O. Forman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Underwood</u>		County <u>Garrett</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>3</u>	Years <u>15 weeks</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Underwood</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John Forman</u>			Father's Birthplace <u>Underwood</u>		
Mother's Maiden Name <u>Lulu Kitzmiller</u>			Mother's Birthplace <u>Eglowaska</u>		
Name of person giving information <u>Emma Barkman</u>			How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Acute Mie Infection

How long

3 or 4 days

Immediate

Soxaemia

How long

short time

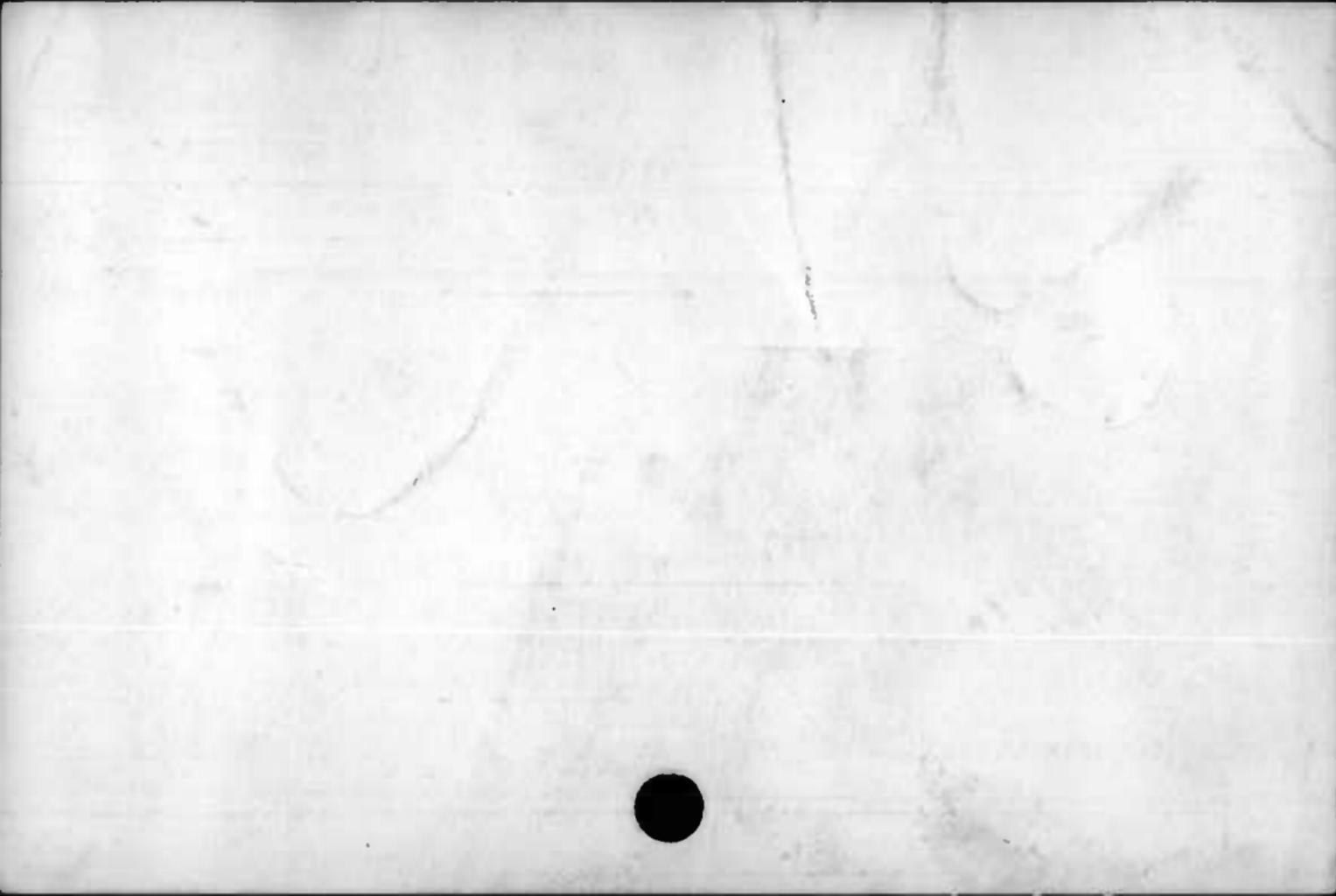
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. E. Egge  
Underwood  
MD

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hauer</u>		Town <u>Hauer</u>		County <u>Garrett</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>August</u>	Day <u>20</u>	Age <u>77</u>	Years	Months <u>5</u>	Days <u>x</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Hauer</u>					
Occupation <u>Farmer</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rachel. Sall.</u>						
Father's Name <u>John. Hauer.</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Mary Stimpfle</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving information <u>Christina Lathrum</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Old age & Biliousness

How long

Immediate

Heart Failure

How long

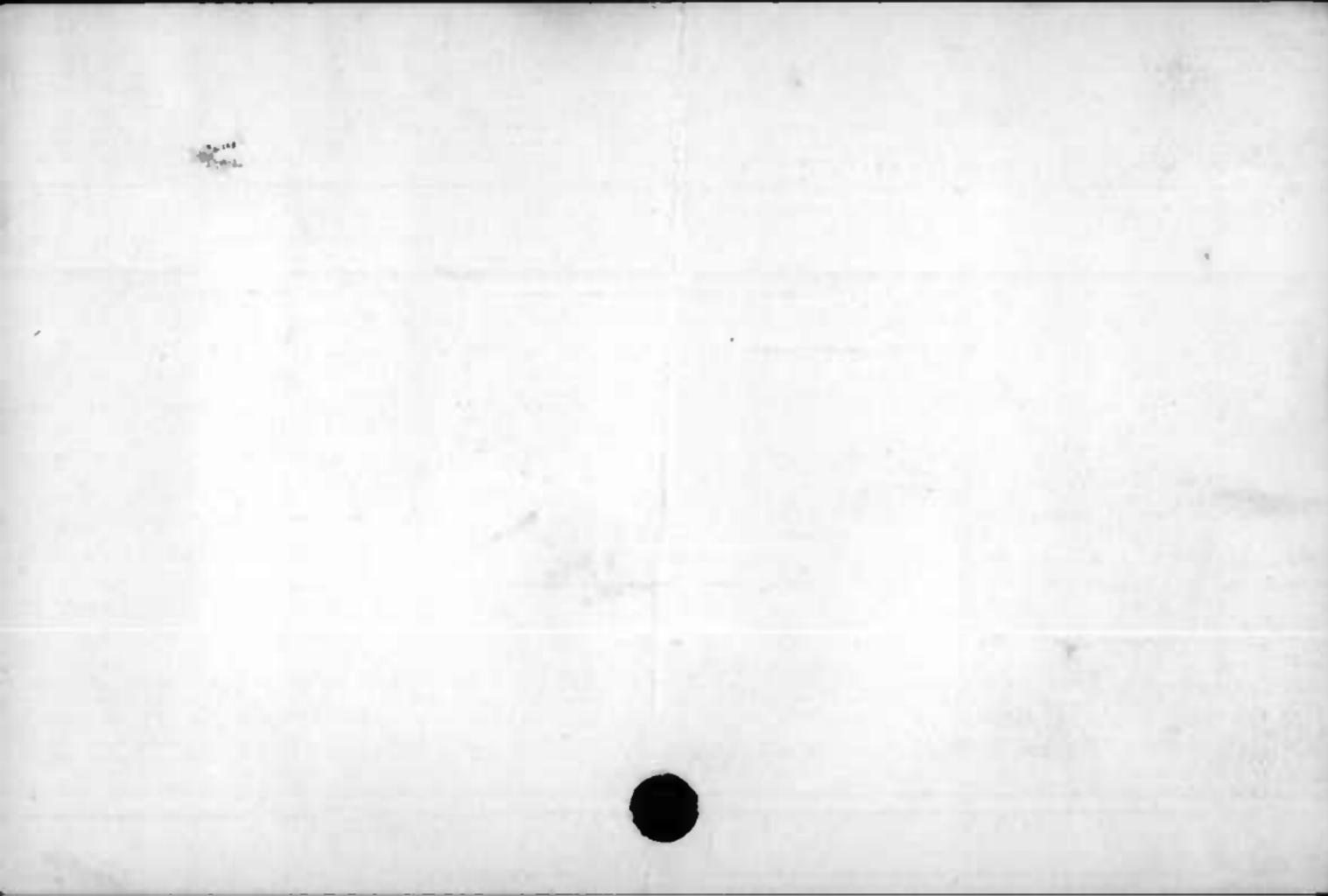
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

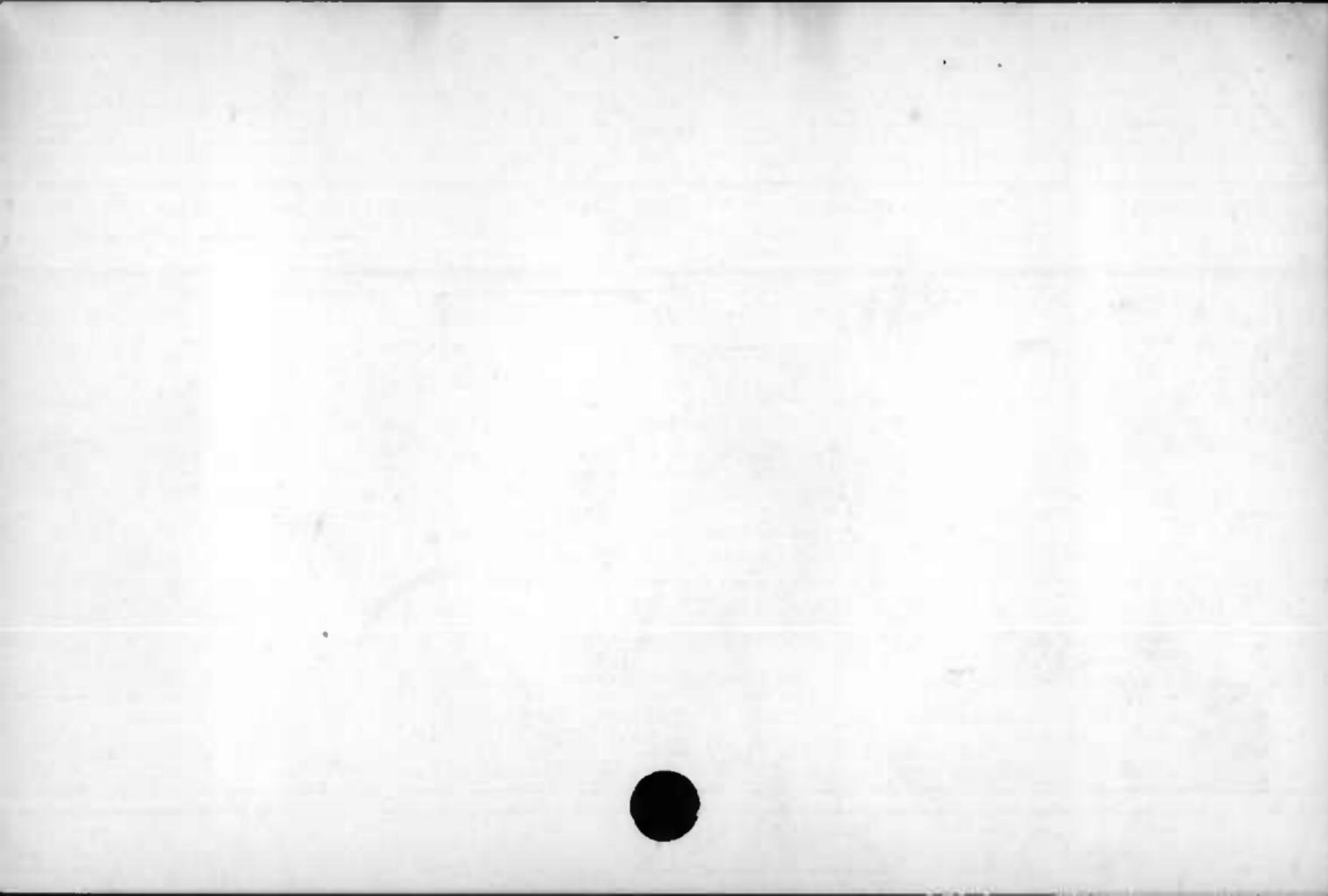
Address

J. T. Cole -  
Aurora, Ill.

Accident or Suicide?



Julia Douglas (Coleman) Howard						CERTIFICATE OF DEATH	
Died at <b>Oakland</b> own			County <b>Garrett County</b>			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1908	August	8	66		1	25	
Sex	female	Color or Race	white	Birth-place	Louisa Co. Va.		
Occupation	Where Residing if not at place of death 919 Cathedral St. Baltimore, Md.						
Married, Single or Widowed	Married	Name of Wife or Husband	McHenry Howard				
Father's Name	Clayton Glanville Coleman						Father's Birthplace
Mother's Maiden Name	Sarah Jerdone						Mother's Birthplace
Name of person giving information	McHenry Howard						How related to deceased
Primary	CAUSES OF DEATH						Husband
Immediate	Nikni heart disease						79
Are the name, age, sex, color, date and place correctly given above?							How long I don't know
Yes							How long Since Aug 17 1908
Signature of Physician							H. W. W. Thomas
Address							Oakland M. d.
Accident or Suicide?							✓



Name  
in  
Full

Lugaba King

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Montgomery Park</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>13</u>	Years <u>92</u>	Months <u>7</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Allegheny Co. Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Joseph King</u>	Father's Birthplace <u>Unknown</u>			
Father's Name	Mother's Birthplace <u>Unknown</u>				
Mother's Maiden Name	How related to deceased <u>Daughter</u>				
Name of person giving information	Address <u>154</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Age

How long

Immediate

Age

How long

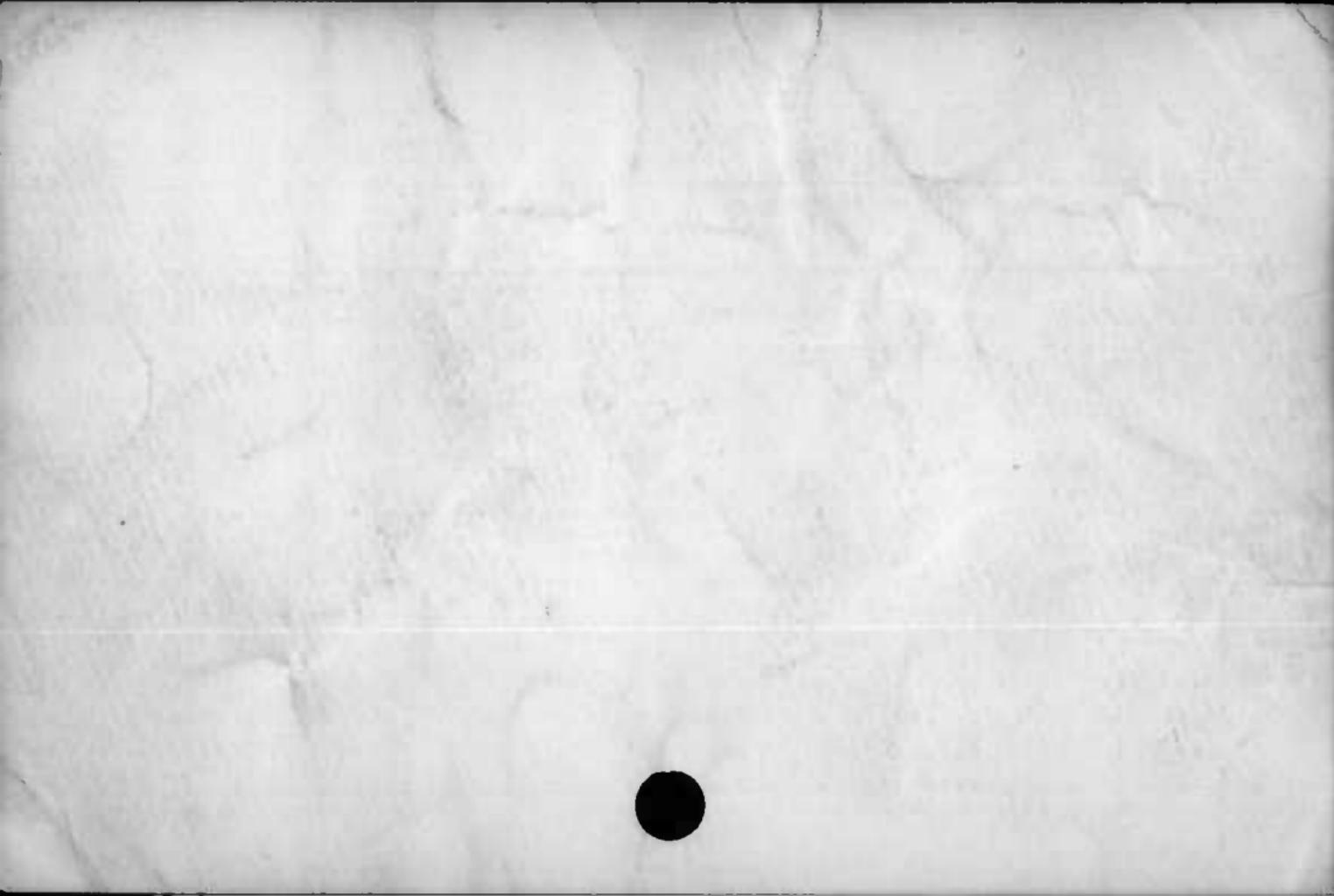
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

M. C. Harebaugh

Address

Accident or Suicide?



Name  
in  
Full

Odessa R. F. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908 August	Month	Day	Years	Months	Days
Sex	Female	Color or Race	19	Age 4	—	12
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John Martin			Father's Birthplace		
Mother's Maiden Name	Emma K. Arnhardt			Mother's Birthplace		
Name of person giving information	Wella B. Martin			How related to deceased		

CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary

Peritonitis

long  
6 days

Immediate

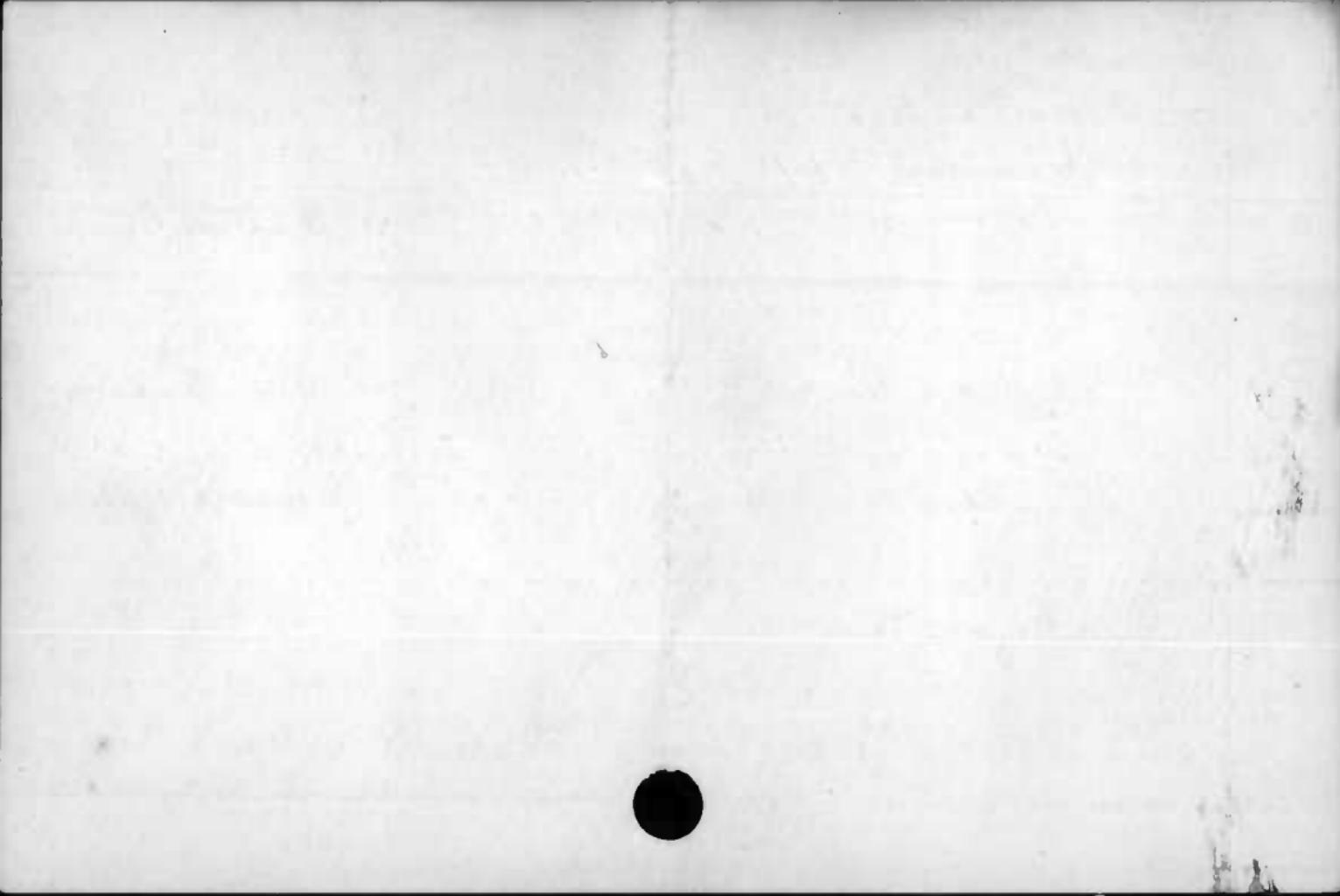
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Amos G. Allen  
Egton Md

Accident or Suicide?



Name  
in  
Full

Maryandy Elizabeth Barton Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <sup>Town</sup> Deer Park <sup>County</sup> Garrett

MARYLAND

Date of death 1908 Month August Day 25 Age 77 Years Months unknown Days

Sex Female Color or Race White

Birthplace Barton, Md.

Occupation House work Where Residing If not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Reuben Moore

Father's Birthplace unknown

Mother's Maiden Name Mary Keesner

Mother's Birthplace ..

Name of person giving Information Mrs. Wm. Magle

How related to deceased Niece by marriage

CAUSES OF DEATH

14

How long

PHYSICIAN  
OR CORONER

Primary

Dysentery

Immediate ..

Three days

Are the name, age, sex, color, date and place correctly given above?

yes

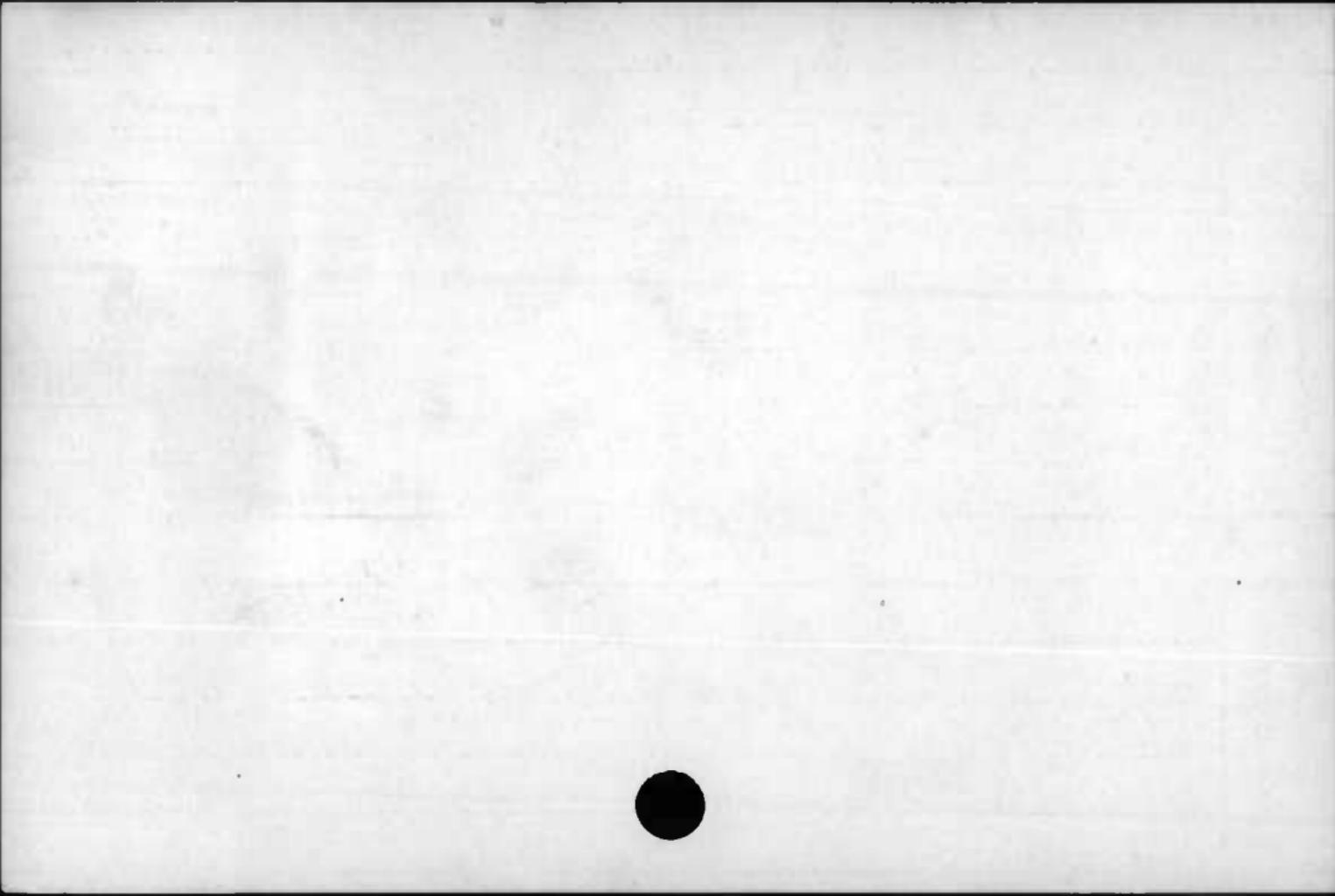
Signature of Physician

Address

J. E. Henley

Deer Park, Garrett Co.

Accident or Suicide?



Name  
in  
Full

Mrs. Mary Bowly Richardson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at <u>mt. Rose Park</u>	<u>Garrett</u>				
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>27</u>	Years <u>78</u>	Months <u>2</u>	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Baltimore Md</u>				
Married, Single or Widowed <u>Widow</u>	Name of <del>Widow</del> Husband <u>Geo S Richardson</u>				
Father's Name <u>Bethune</u>	Father's Birthplace <u>Bethune</u>				
Mother's Maiden Name <u>Bethune</u>	Mother's Birthplace <u>Bethune</u>				
Name of person giving information <u>Geo Richardson</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary

—

Immediate

Heart Disease

How long  
dead suddenly

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

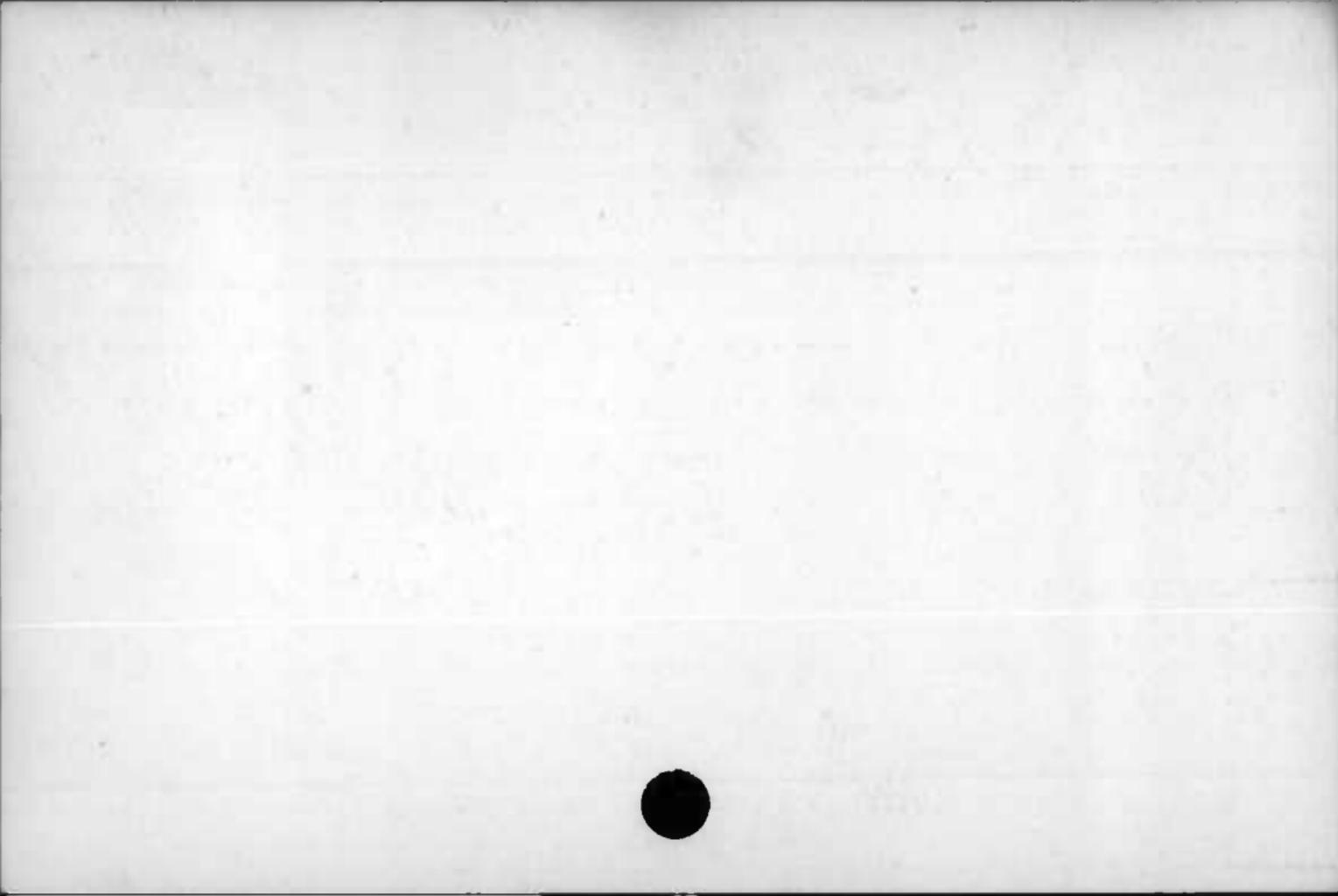
M.C. Offiebaugh

Address

Oakland  
MD

Accident or Suicide?

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ethel Sanderson.

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female.		Color or Race	Age	2	6
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	W. J. Sanderson		Father's Birthplace	Wva		
Mother's Maiden Name	Maggie L. Welsh		Mother's Birthplace	Wva.		
Name of person giving Information	David E. Sanderson		How related to deceased	Uncle.		

CAUSES OF DEATH

106

Primary

Enteritis

How long

5 days

Immediate

Enteritis

How long

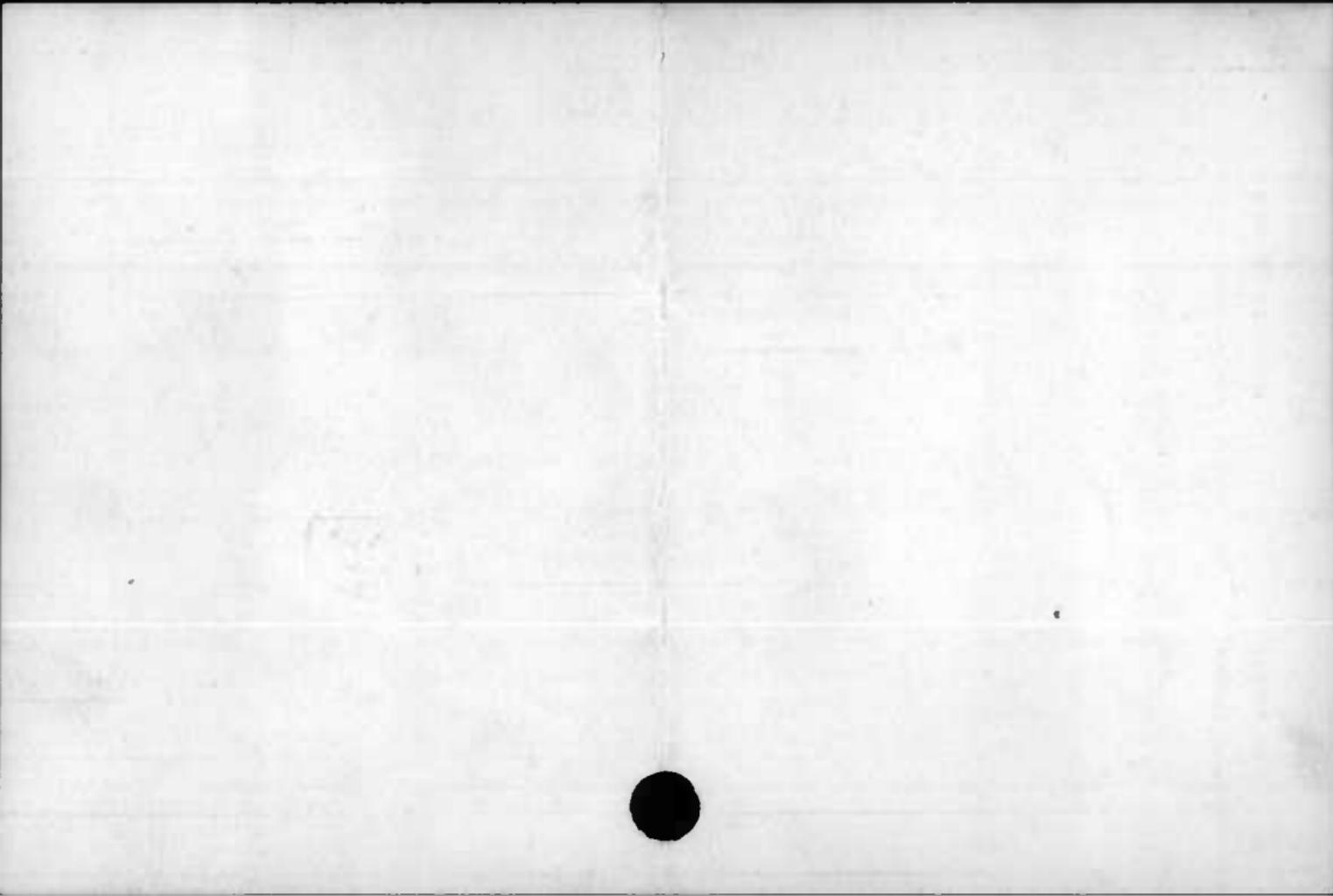
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. T. Cole  
Aurora, W. Va.

Accident or Suicide?



Name  
in  
Full

Jeremiah Savage

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County				
near Trinderville	Garrett				
Date of death 1908	Month August	Day 2	Years 68	Months 7	Days 14
Sex Male	Color or Race White	Birth-place Maryland			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mary J. Savage				
Father's Name Amos	Father's Birthplace Md				
Mother's Maiden Name Catharine Castle	Mother's Birthplace Md				
Name of person giving information Mary J. Savage	How related to deceased Wife				

CAUSES OF DEATH

27

How long

Years

How long

3 mo

Primary

Tuberculosis

Immediate

Acute of Larynx

Are the name, age, sex, color, date and place correctly given above?

gls

Signature of Physician

Address

413 London Raugh

Addison Pa

PHYSICIAN  
OR CORONER

Accident or Suicide?

B. Russ

Name  
in  
Full

Jacob Henry Schlossnagle

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Curve	Town	County	MARYLAND		
Date of death	1908	Month Aug	Day 18	Age 82	Years	Months 4
Sex	Male	Color or Race	white	Birth-place	Days 11	
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Catharine Schlossnagle			Father's Birthplace
Father's Name	Michael Schlossnagle			Germany		
Mother's Maiden Name	Don't know	know	Mother's Birthplace			Don't know
Name of person giving information	S. K. Schlossnagle			How related to deceased		
				Son -		

CAUSES OF DEATH

Primary

Senility & Rheumatism

154

1/2 years

Immediate

Senility & exhaustion

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H.R. Boyer M.D.

Ascedus

MD -

Accident or Suicide?

Case

Hanster T. Sebold

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>near Hoyes</u>		Town	County <u>Garrett</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>26</u>	Age <u>—</u>	Years <u>—</u>	Months <u>8</u>	Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation		Birth-place <u>Maryland</u>		
Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband	Father's Name <u>George. E. Sebold</u>		Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Levina A Magidigan</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>George. E. Sebold</u>	How related to deceased <u>Father</u>					

## CAUSES OF DEATH

104

How long

How long

Primary

@ acute indigestion

36 hrs

Immediate

acute indigestion

36 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

yes

H. P. Lauer MD  
Accepted  
Md.

Carrie Ann - 11/11/03

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month Aug	Day 23	Years	Months 7	Days
Sex	Female	Color or Race	White	Birth-place	Deer Park	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Minnie Harder		
Father's Name		A.S. Harder &		Father's Birthplace		
Mother's Maiden Name		Minnie Mc Graw		Mother's Birthplace		
Name of person giving information		A.S. Harder &		How related to deceased		

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary

Still Born

How long

Immediate

✓

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A.S. Harder &  
Grafton Ave

Accident or Suicide?

